

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	1		1			
5	1		1			
6		2		1		
7		2		1		
8		2		1		
9	1		1			
10		1		1		
11		1		1		
12		3		1		
13		3		1		
14		2		1		
15		1		1		
16		2		1		
17		2		1		
18	1		1			
19		1		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25		2		1		
26	1		1			
27		1		1		
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37	1		1			
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44	1		1			
45		1		1		
46		2		1		
47	1		1			
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.		←	43	←		←
TOTAL CLAIMS			54			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1		1		
53	1		1			
54		1		1		
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						